STATE ELECTIONS ENFORCEMENT COMMISSION Exploratory Committee Registration

Revised January 2016

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|---|---|--------------------------------------|----------------|---|-----------|--------------|------------|---------|--------------|
| REGISTRATION TYPE | 1. COMMITTEE N | NAME | | | | | | | |
| ☐ Initial ☐ Amendment | | | | | | | | | |
| 2. SUBTYPE OF EXPLORA | TORY COMMITTE | $\mathbf{E}\mathbf{E}$ (Office(s) be | ing considered | d—Check one box) | | | | | |
| ☐ A. Offices Inclu | de Statewide Of | ffice & Go | eneral A | ssembly | | | | | |
| |] | Including | State Re | presentative | □Yes | \square No |) | | |
| |] | Including | State Tr | easurer | □Yes | □No |) | | |
| ☐ B. Offices Inclu | ☐ B. Offices Include Statewide Offices Only | | | | | | | | |
| |] | Including | State Tr | easurer | □Yes | □No |) | | |
| ☐ C. Offices Inclu | de General Asso | embly On | ly | | | | | | |
| |] | Including | State Re | presentative | □Yes | □ No |) | | |
| ☐ D. Municipal & Other Offices excluding those in Box A, B and C. | | | | | | | | | |
| 3. PARTY AFFILIATION | | | | | | | 4. ELECTIC | ON DATE | (mm/dd/yyyy) |
| ☐ Republican ☐ Democrat ☐ Other (Specify) | | | | | | | | | |
| 5. COMMITTEE ADDRESS | 3 | | | 6. COMMITTE | E EMAIL & | WEBSI | TE | | |
| Address | | | | Email Address | | | | | |
| City | | State Z | ip Code | Website | | | | | |
| 7. CANDIDATE NAME | | | | | | | | | |
| First Name | | M | П | Last Name | | | | | Suffix |
| 8. CANDIDATE RESIDENCE ADDRESS | | | | 9. CANDIDATE MAILING ADDRESS (If different) | | | | | |
| Street Address | | | | Address | | | | | |
| City | | State Zi | p Code | City | | | | State | Zip Code |
| 10. CANDIDATE TELEPHO | DNE | 11. CAND | IDATE EN | AIL ADDRESS | | | | | |
| (Include Area Code) | | THE CHILD | | | | | | | |
| | | | | | | | | | |

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| REGISTRATION TYP | E COMMITTEE NA | AME | | | | | | | |
|--|------------------------------------|----------|-----------------------------|---|----------|----------|--|--|--|
| ☐ Initial ☐ Amend | ment | | | | | | | | |
| 12. TREASURER NAM | IE . | | | | | | | | |
| First Name | | | MI | Last Name | | Suffix | | | |
| 13. TREASURER RES | IDENCE ADDRESS | | | 14. TREASURER MAILING ADDRESS (If different) | | | | | |
| Street Address | | | Address | | | | | | |
| City | State | Zip Code | City | State | Zip Code | | | | |
| 15. TREASURER TEL | EPHONE | 16. TRE | 16. TREASURER EMAIL ADDRESS | | | | | | |
| (Include Area Code) | | | | | | | | | |
| 17. DEPUTY TREASU | RER NAME | | | | | | | | |
| First Name | | | MI | Last Name | | Suffix | | | |
| 18. DEPUTY TREASURER RESIDENCE ADDRESS | | | | 19. DEPUTY TREASURER MAILING ADDRESS (If different) | | | | | |
| Street Address | | | Address | | | | | | |
| City | | State | Zip Code | City | State | Zip Code | | | |
| 20. DEPUTY TREASU | 21. DEPUTY TREASURER EMAIL ADDRESS | | | | | | | | |
| (Include Area Code) | | | | | | | | | |
| 22. DEPOSITORY INS | TITUTION NAME | | | | | | | | |
| | | | | | | | | | |
| 23. DEPOSITORY INSTITUTION ADDRESS | | | | | | | | | |
| Address | | | | City | State | Zip Code | | | |

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| REGISTRATION TYPE | COMMITTEE NAME | | | | | | |
|---|--|--|--|--|--|--|--|
| ☐ Initial ☐ Amendment | | | | | | | |
| 24. CERTIFICATION | | | | | | | |
| Candidate | | | | | | | |
| I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of such position. | | | | | | | |
| CANDIDATE SIGNATURE | DATE (mm/dd/yyyy) | | | | | | |
| Treasurer | | | | | | | |
| I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Treasurer of this exploratory committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. | | | | | | | |
| I certify that I have inclusive. | paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, | | | | | | |
| jurisdiction, any (A offense under Title conviction or plea | I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense. | | | | | | |
| I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission. | | | | | | | |
| | | | | | | | |
| TREASURER SIGNATURE | DATE (mm/dd/yyyy) | | | | | | |

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| REGISTRATION TYPE | COMMITTEE NAME | | | | | | |
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| ☐ Initial ☐ Amendment | | | | | | | |
| 24. CERTIFICATION continued | | | | | | | |
| I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Deputy Treasurer of this exploratory committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible to discharge all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense. I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission. | | | | | | | |
| DEPUTY TREASURER SIGNATU | RE DATE (mm/dd/yyyy) | | | | | | |

not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.